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Bib Data Sheet

CONFIRMATION NO. 1147

SERIAL NUMBER 10/027,015	FILING DATE 12/21/2001 RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. 2103.000500
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APPLICANTS

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** CONTINUING DATA *****
none CMK

** FOREIGN APPLICATIONS *****
none CMK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance/ <i>CMK</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 7
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ADDRESS
 45488
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TITLE
 Compositions and methods for promoting myocardial and peripheral angiogenesis

FILING FEE RECEIVED 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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